6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

757 started slapping his hands on Toncootĕi's and exposing them intermittently to
372 the fire. All this lasted over a quarter of an hour. The patient was then made
123 to lie prone, with his legs spread out, to receive a foot massage as described above, for another quarter of an hour. Torso, feet and hands were worked over, with short pauses for artificial respiration by means of compression. Subsequently his back, and particularly the sacral region, was vigorously rubbed by willing hands and feet. Three men performed this operation. Toncootĕi was finally allowed to rest, between two fires kept burning all night. Sunrise found him alive, and the fever had abated, due, I think, to a good European laxative that I had persuaded him to take.

164 In March 1952, I witnessed a sad episode, followed by the death of
123 the patient, near my Labanare camp. A young mother was suffering from
[862] breast rhagades. Her baby was less than a month old, and she was also suckling
[597] another child, almost two years old, who had sharp teeth. It is a frequent kindly habit of the Onge to adopt babies; and it is customary to breast-feed them up to the age of four. Some interesting consequences arise out of this habit, but I shall not analyze them here. A minor detail: since they are allowed to suckle when they wish and are weaned so late, Onge children do not indulge in thumb sucking. Considerable reactions are spontaneously established between the two terminal parts of the digestive tube – oral and anal, as though
[864] in physiological conflict. Once more I affirm that the evidence of Onge sexual behaviour positively denies Freudian theories with regard to the sexual life of children. Furthermore, young anthropoids and primitive people behave identically in this respect.

164 The adopted baby gave the young mother nipple wounds that became
123 infected and suppurated. For lack of proper care and in unhygienic surround-
752 ings, the infection spread to the rest of her body. I found her suffering terribly from pain in the breast, muscular spasm and high fever. The Onge had applied their usual external remedies to her body, from head to foot. Very tight bandages of ficus bark, renewed three times a day, were wrapped arounds legs, arms, trunk and abdomen. Bright red ochre – rare in Little Andaman and considered more effective because of its brilliant colour – was painted onto the afflicted breast. The poor young woman looked at me hopefully. I suggested her immediate removal to Port Blair Hospital, and sent radio messages from my camp to the Chief Commissioner, Mr. A. K. GHOSH. He responded generously by ordering a ship to call for the patient, but the journey was useless because her relations were opposed to displacing her. In March 1952 my friendship with the Onge was only starting; this will explain their refusal to follow my advice. Without proper care, in a place like Little Andaman, the patient died four days after my arrival at the camp.

756 Prescription of medicines and treatments such as those described above
[759] is not determined by specialists. Everybody submits to treatment, with general approval, convinced of its effectiveness. Witch doctors do not exist and perhaps never existed in the Andamans. Nothing, then, is known by the
755 Onge of the dances and exhibitions, commonly executed elsewhere for curative
757 purposes, that influence the patient on a psychobiological basis. As they have

11: Cipriani E-3 (1951-1955) 1966 AZ2 Andamans AZ2

head ornaments and religious ceremonies. In Oceania there is, too, the habit of changing personal names from time to time so prevalent among the Onges, and the existence of actual linguistic connections between Nicobarese, Andamanese, Semang, Aetà and peoples of Oceania have been demonstrated by experts.

Any differences which exist today are the result of centuries of contact with other peoples which the Semang and Aetà have experienced, unlike the Andamanese, who thus represent today the true Negritos. While life generally has changed somewhat over the centuries for the Semang and Aetà, certain typical facets of their culture have remained unaltered. Ritual cutting and distributing of game, the use of the arrow harpoon (always unfeathered) and the simple Onge-Negrito bow are still the same, despite the fact that the three groups have been separated for a very long time. Even the very absence of defensive weapons is a common feature; admittedly outside the Andamans arrows are poisoned and some may be feathered, but this is a recent and imitative innovation which is not found among the Andamanese, by virtue of their constant isolation. The persistence among the Onges of the simple bow tends to support the idea of Little Andaman as the first stage in the northward spread of the Negritos after they reached the island from Sumatra via the Nicobars. In Malacca the Semang have retained the same bow, as have the Aetà in the Philippines.

Among what may be termed similarities of physical habits is nose-rubbing as a sign of affection, found in the Andamans, in Oceania, and parts of Papuasia and Melanesia. In all these areas there is the same belief that pregnancy is due to entry of a spirit into the body, and the same habit of suckling children for as long as four years. Similar too throughout the area are the methods of 'curing' disease, such as smearing with ochre and heavy massage carried out beside a fire, swallowing of balls of ochre, and the 'smoking' of wounds, smeared with a mixture of ochre and honey. As protection from the sun or the rains (especially for the young children) crude umbrellas are made from giant palm leaves.

There are no prayers or propitiatory sacrifices to ensure health and well being, but there is throughout the area the same concept of mysterious forces to be feared, evaded, or let loose against enemies – never loved. Generally they are thought of in terms of spirits, usually active at night. There is some divergence in the